STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	06/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN COUNTY NURSING HOME	500 SOUTH ART BARTELL DRIVE URBANA, IL 61802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Licensure Post Visit to Survey date 3/20/16 Champaign County Nursing Home is in compliance with their plan of correction for 300.610a);300.3240a)	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. (Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011) Champaign County Nursing Home failed to follow their plan of correction for the survey of 3/30/16. This requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to use a mechanical lift to transfer a resident (R3) requiring extensive assistance for transfers. This failure affects one resident (R3) reviewed for falls in the sample of five. Findings include: R3's Physician Order Sheet (POS) dated June 2016 documents R3's diagnoses include Hypokalemia (low potassium level), Anemia,	S9999		

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S9999	Continued From page 2	S9999		

Vitamin D deficiency, Chronic pain, Absence of toe, Hypertension, Bipolar Disorder, Anxiety, and "Repeated falls." R3's Care Plan dated 5/6/16 documents "(mechanical lift) for all transfers with 1-2 person assistance." R3's Minimum Data Set dated 5/6/16 documents R3 requires the extensive assistance of two staff for transfers.

On 6/21/16 at 1:30 pm E4, Certified Nursing Aid (CNA) applied a gait belt loosely around R3's waist. E4 and E5, CNA made an unsuccessfull attempt to raise R3 from the wheelchair. E4 stated E4 needed to tighten up R3's gait belt and proceeded to tighten R3's gait belt. E4 and E5 then lifted R3 to a standing position with the gait belt sliding up R3's back. R3 did not use arm or core strength to push up from R3's wheelchair. R3 was lifted to a standing position by E4 and E5. E4 and E5 then assisted R3 to pivot around and set down in R3's soft chair. R3 was unsteady pivoting around to the chair.

On 6/21/16 at 3:55 pm E4 stated R3 used to be transferred with a sit-to-stand (mechanical lift) "but the family doesn't want me to use it and (R3) doesn't want the sit-to -stand. We've been transferring (R3) with a gait belt and not using the sit-to-stand." E4 stated sometimes R3's legs are strong enough to hold R3 up and "sometimes (R3's) legs drop and we have to hold (R3) up." E4 then checked R3's Care Plan on the computer and stated R3's fall intervention dated 5/2/16 was to use the sit-to-stand for all transfers with one to two person assistance.

On 6/22/16 at 10:22 am E5 stated R3 should have been transferred with the sit-to-stand.

On 6/21/16 at 3:00 pm E2, Director of Nursing, stated R3 is to be transferred with a mechanical

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S9999	Continued From page 3 lift for all transfers. E2 stated R3 is not to be transferred with a gait belt. On 6/22/16 at 11:40 am E7, Rehabilitation Director, stated R3 was screened on 4/9/16 when R3 had returned from the hospital. E7 stated R3 was to continue transfers with a mechanical lift, sit-to-stand, due to R3's "inability to transfer." The "Safe Lifting and Movement of Residents" policy dated December 2013 documents "In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents....Nursing staff, in conjunction with the rehabilitation staff, shall assess individual resident' needs for transfer assistance on an ongoing basis....Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary..." (B)	S9999		